



**June 9, 2020**

**Virtual General Session  
Summary**

**Members in Attendance**

**FICEMS Members in Attendance**

***Centers for Disease Control and Prevention (CDC)***

Michael Iademarco, MD, MPH, Director, Center for Surveillance, Epidemiology, and Laboratory Services

***Department of Defense***

Elizabeth R. Fudge, MN, MPH, Executive Officer, Office of the Assistant Secretary of Defense for Health Affairs

***Department of Health and Human Services (HHS)***

Jonathan Greene, Director, Emergency Management and Medical Operations  
Theresa Morrison-Quinata, Health Resources and Services Administration (HRSA)

***Department of Homeland Security***

Duane Caneva, MD, Chief Medical Officer  
Richard Patrick, Director, National Fire Programs Directorate, US Fire Administration  
Cameron Hamilton, Emergency Medical Services (EMS) Program Manager

***Department of Transportation***

James Owens, PhD, MA, JD, Deputy Administrator, National Highway Traffic Safety Administration (NHTSA)  
Jon Krohmer, MD, Director, Office of EMS

***Federal Communications Commission***

David Furth, Deputy Bureau Chief, Public Safety and Homeland Security Bureau

***State EMS Directors***

Steve McCoy, State EMS Director, Florida

## **FICEMS Staff in Attendance**

### ***Department of Transportation***

Eric Chaney, NHTSA

Gamunu Wijetunge, NHTSA

## **Welcome and Opening Remarks**

*James Owens, PhD, MA, JD, Deputy Administrator, NHTSA; Chair, FICEMS*

Mr. Owens opened the general session at 2:01 p.m. ET and welcomed FICEMS members and the audience. Mr. Owens recognized the important contributions of FICEMS and participants to the delivery of EMS across the nation.

Because of the COVID-19 pandemic, the past few months have been some of the most difficult times the EMS community has faced. EMS agencies have risen to this challenge. The selflessness, dedication, and resilience of the nation's EMS personnel is humbling.

In recognition of the 46th annual National EMS Week, US Secretary of Transportation Elaine L. Chao recently released a video message honoring EMS personnel and their families for their sacrifice and dedication to their communities, especially during this unprecedented pandemic. This video is available on NHTSA's Facebook page.

As communities reopen, NHTSA is concerned about reports of excessive speeding and reckless driving because some drivers are taking advantage of roads that are emptier than usual. During Memorial Day Weekend, NHTSA launched the first of a nationwide series of radio ads reminding everyone to drive safely by slowing down, buckling their seatbelts, not drinking alcohol before driving, and avoiding distractions. This safety campaign will continue throughout the summer and keep first responders focused on saving lives.

Many participants in this meeting have been working diligently with the Federal Healthcare Resilience Task Force and through state and local response agencies to advocate for EMS interests and issues during this pandemic. The voices of the EMS community are heard, and NHTSA remains committed to ensuring the safety and resilience of EMS professionals.

Responses to questions from the audience before and during this meeting will be posted on the FICEMS page of EMS.gov.

## **Review and Approval of December 12, 2019, FICEMS Meeting Summary**

*Jon Krohmer, MD, Office of EMS, NHTSA*

A motion to approve the summary of the December 12, 2019, FICEMS meeting carried unanimously.

## **Revision of the FICEMS Strategic Plan**

*Marc Sigrist, Energetics*

*Eric Chaney, Office of EMS, NHTSA*

FICEMS last developed a strategic plan in 2013. In 2019, FICEMS reviewed this plan and decided to close it out and develop a new strategic plan in 2020. The first step in this process was to develop a strategic planning white paper, which was completed in December 2019. This white paper describes the progress in implementing the 2013 goals and objectives, changes to EMS and 911 systems and missions, and key considerations for developing the new strategic plan.

The strategic planning process will have four phases:

1. Identifying FICEMS stakeholders and developing the FICEMS value proposition
2. Examining and revising, as needed, FICEMS membership, operating structures, and procedures
3. Developing the draft strategic plan
4. Presenting the draft plan to FICEMS at its December 2020 meeting

The Energetics team, which is helping FICEMS prepare the new strategic plan, will work closely with the FICEMS Technical Working Group (TWG) throughout this process. Two webinars have been scheduled for this purpose on June 23 and July 14, 2020. Additional workshops will be scheduled later.

## **TWG Committee Reports**

*Jon Krohmer, MD, Office of EMS, NHTSA*

The TWG is made up of staff of all FICEMS agencies and other federal agencies. The TWG's committees implement the goals of the FICEMS strategic plan and report to the TWG, which meets by phone at least monthly. The latest reports of these committees will be posted on EMS.gov.

## **Update on the Emergency Triage, Treat and Transport (ET3) Model**

*Janelle Gingold, MPH, Center for Medicare & Medicaid Innovation, Center for Medicare & Medicaid Services (CMS)*

*Brenda Staffan, Center for Medicare & Medicaid Innovation, CMS*

The ET3 model is designed to give more flexibility to ambulance care teams when addressing the emergency health care needs of Medicare beneficiaries after a 911 call. In the ET3 model, CMS will pay participating ambulance suppliers and providers to:

- Transport individuals to a hospital emergency department or other destination
- Transport individuals to an alternative destination partner (such as a primary care doctor's office or an urgent care clinic)
- Provide treatment in place with a qualified health care partner on the scene or through telehealth

In early 2019, CMS issued a request for applications for Medicare-enrolled ambulance suppliers and providers or hospital-based ambulance providers seeking to become model participants. CMS has now chosen 205 model participants from 36 states and the District of Columbia. These successful applicants represent a broad range of agencies (including those based in fire departments, hospitals, and government agencies as well as both private for-profit and nonprofit agencies) in urban and rural areas.

ET3 partners that will make all three interventions successful include alternative destination sites (e.g., clinics, behavioral centers, and urgent care centers), qualified health care practitioners to provide treatment in place in person or by telehealth, and public safety answering points to provide medical triage.

CMS will issue a notice of funding opportunity at approximately the time the model is launched for up to 40 awards to entities that provide public safety answering point services to establish or expand medical triage line services. In addition, the model includes a multi-payer alignment strategy. Thus, another set of important partners consists of non-Medicare payers, such as state Medicaid offices and commercial insurers.

In early April, CMS announced that the model's implementation would not begin on May 1 as originally planned because of the COVID-19 pandemic. Instead, CMS expects to initiate the implementation in the fall of 2020.

Anyone interested in learning more about the ET3 model's progress can sign up for email updates by joining the ET3 model email list.

## **Response to Civil Unrest**

*Jon Krohmer, MD, Office of EMS, NHTSA*

The Office of EMS and the US Fire Administration have issued a brief, easy-to-read document that brings together a set of information for public safety agencies about safety as they respond to civil unrest events, like those in recent weeks. This document covers such topics as staying safe during civil unrest, resiliency in response to political discord, and dealing with the effects of social upheaval.

The document describes preparations for personnel, stations, equipment, and communities for emergency response in situations like the current one. The focus areas include personnel, personal protective equipment (PPE), jurisdictional protocols and guidelines, safety considerations for EMS and fire departments, response equipment, and operational issues.

This document is available on the U.S. Fire Administration website and would soon be posted on EMS.gov.

## **COVID-19 Response Review**

*Jon Krohmer, MD, Office of EMS, NHTSA*

### EMS by the Numbers: Impact of COVID-19

Dr. Krohmer encouraged FICEMS and audience members to review this document, which is designed to help state EMS officials track EMS activations during the COVID-19 pandemic. The document compares data on a variety of types of activations (e.g., influenza-like illness, cardiac arrest, scene death) over the same period (between week 40 of the previous year and week 20 of the current year) for the past 3 years. This information will be updated on a regular basis.

### EMS/Prehospital Team of the Healthcare Resilience Task Force

When the federal government established the national COVID-19 response plan, HHS and the Federal Emergency Management Agency (FEMA) jointly led the response and established several task forces, including the Healthcare Resilience Task Force. Dr. Krohmer leads the EMS/Prehospital Team for this task force, and this team is addressing EMS and 911 issues. The team has developed several documents and resources that have been distributed to the EMS community and are available at EMS.gov and several stakeholder websites. HHS is taking over leadership of the federal COVID-19 response, and the HHS Office of the Assistant Secretary for Preparedness and Response will now coordinate most federal COVID-19 activities.

The EMS/Prehospital Team has identified three areas of concern for the EMS community:

1. Funding
2. PPE supplies
3. Workforce challenges

Funding is a challenge in the current environment because EMS agencies receive most of their reimbursements for transporting patients from event sites to designated destinations (typically a hospital emergency department). Because of the COVID-19 response, the number of EMS responses has dropped sharply, resulting in a significant loss of funding. The EMS/Prehospital Team has identified next steps to address this need for the nation and communities.

A dashboard on the FEMA website offers data and graphics on such issues as PPE supply for 10 days or less, daily 911 responses with N95 mask reuse, quarantined EMS personnel, and EMS personnel diagnosed with COVID-19.

## **Public Comment**

*Eric Chaney, Office of EMS, NHTSA*

*Jon Krohmer, MD, Office of EMS, NHTSA*

Dr. Caneva described concerns about PPE supplies not obtained through FEMA. According to industry experts, up to 90% of PPE on the market outside of federally secured sources is

counterfeit or substandard, and many EMS agencies use this PPE. Although this equipment provides some protection, it does not do as the needed level. EMS agencies that cannot obtain PPE through large supply logistics chains might obtain their equipment from new or illicit manufacturers. The Department of Homeland Security is working with other federal agencies, industry, and nonprofit organizations to determine the scope and scale of the problem and develop solutions. One possibility is to develop standardized testing networks and a validation process to ensure that the equipment distributed is safe and effective.

Dr. Krohmer reported that the Office of EMS is aware of the concern about counterfeit PPE, and it has emphasized to the EMS community the need to try first to obtain supplies through the normal distribution chain. However, this distribution chain has been affected by the COVID-19 pandemic. The next steps are to work with local emergency management and public health agencies, and then with state or federal agencies.

Mr. Chaney shared a comment from a representative of the International Association of EMS Chiefs. This individual addressed the need to change the funding model for EMS readiness and not base reimbursement on transportation. Furthermore, the ET3 model is long overdue, and EMS agencies are already using the technology included in this model. Dr. Krohmer noted that with the stress on the EMS system, other funding sources are needed. Several stakeholder organizations have discussed this issue and how to address it, as have several components of the Department of Transportation. More stakeholders should be involved in these discussions.

The next question from an audience member was whether any local, state, or federal agency requires hospitals to communicate to EMS personnel that they have been exposed to a patient diagnosed with an infectious disease after transport. The questioner also wondered whether contact tracing for patients with positive test results for COVID-19 includes EMS personnel. Dr. Krohmer reported that contact tracing for patients with COVID-19 is supposed to include EMS and other health care personnel. He asked meeting participants who are aware of situations in which this notification is not happening to inform the Office of EMS by email. These emails should not include patient-specific information, but they should provide as much detail as possible so that the office can look into these incidents.

A representative of the American Ambulance Association noted that first responders are third on the priority list for PPE. First responders nationally were shocked to learn this news because they are unable to acquire the PPE they need now, let alone what they will need to respond to future waves of COVID-19. This individual asked what needs to be done to make sure that first responders are a top priority for PPE.

Dr. Krohmer said that hospital providers were the initial focus for PPE. Discussions between the Office of EMS and FEMA, HHS, and other leaders of the national response led to the inclusion of first responders in the priority list. Everyone with whom the Office of EMS engages recognizes the critical role of first responders and the need for them to maintain their services. However, the limited supply must be allocated, and the risk and threats to health care providers

in hospitals and nursing homes is greater than the risk to first responders. But first responders are third on a long list, and the EMS community should be aware of this fact.

Mr. Greene added that the supply chain task force recognizes the difference between a patrol officer who maintains a distance of at least 6 feet from another person and a medic conducting an invasive procedure, especially one (e.g., intubation) that involves respiratory droplets. The task force knows that people conducting such procedures need PPE, and it is working on these issues. Because the PPE supply is limited, difficult decisions must be made about how to allocate this supply.

Another participant asked about efforts to expand the scope of EMS beyond transportation to patient treatment. Dr. Krohmer replied that many discussions are underway on the role of EMS personnel in treatment in place and telehealth. The Office of EMS is examining this issue.

The next question was about access to federal emergency relief packages for EMS agencies. Dr. Krohmer reported that the Office of EMS has discussed this issue and continues to work on it. A webinar hosted by the American Ambulance Association on June 17 at 2 p.m. ET will address reimbursement and cost recovery issues, and details on this webinar will be posted on EMS.gov.

The final question was whether all of the EMS guidance related to COVID-19 is available on EMS.gov. Dr. Krohmer explained that the EMS.gov COVID-19 page has CDC and other federal guidance and resources as well as resources from external sources. Dr. Krohmer asked participants to let him know of any other related materials that are not on this page.

## **Closing**

Mr. Owens adjourned the meeting at 3:01 pm ET.

## **Appendix: Submission for FICEMS Review**

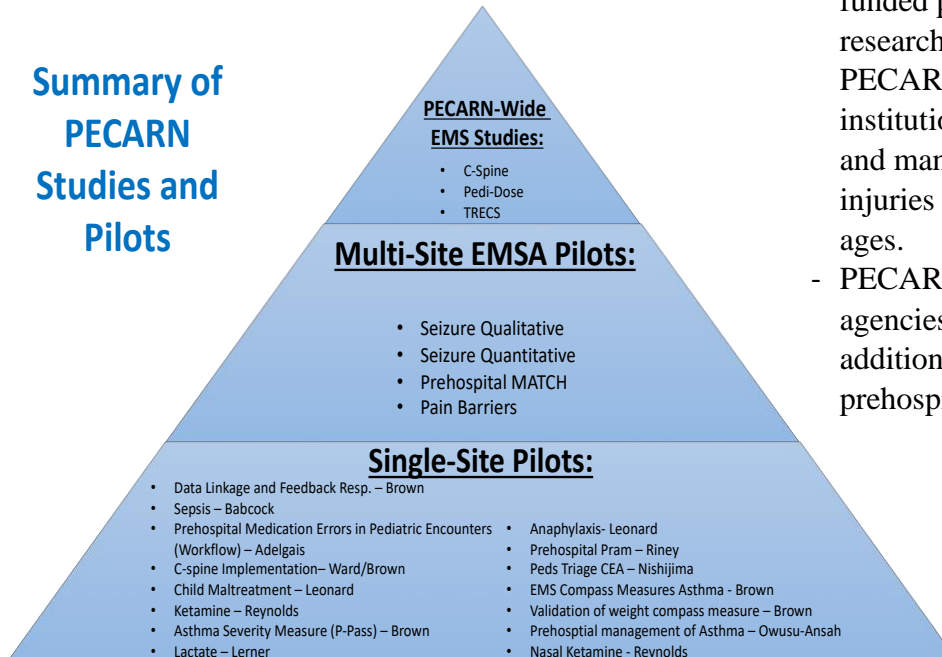




# What's new with EMS Research in the Pediatric Emergency Care Applied Research Network (PECARN)



## Summary of PECARN Studies and Pilots



- **PECARN** is the first federally funded pediatric emergency medicine research network in the United States. PECARN conducts high-priority, multi-institutional research on the prevention and management of acute illnesses and injuries in children and youth of all ages.
- PECARN has 9 funded **EMS Affiliate** agencies and also works with several additional EMS agencies to implement prehospital pediatric emergency care

### Cervical-Spine (CS): R01 funded by NIH

- **Specific Aims** : Using prospective observational data and information from subject matter experts and relevant end- users, using a user-centered design approach to:
  - Develop the Pediatric CSI Risk Assessment Tool in children with blunt trauma
  - Validate the Pediatric CSI Risk Assessment Tool in a separate population of children with blunt trauma
  - Validate the Pediatric CSI Risk Assessment Tool with EMS observations from both the development and validation cohorts
- To date
  - 7,630 patients enrolled from 9 different sites
  - Enrollment is temporarily paused due to COVID-19

### Prehospital Seizure Treatment:

- Completed qualitative/ quantitative pilot studies across several sites
  - Qualitative: *Paramedic-Identified Enablers of and Barriers to Pediatric Seizure Management: A Multicenter, Qualitative Study, Prehospital Emergency Care; 22(1): 107; Jan 2018*
  - Quantitative: publication under revision at a peer reviewed journal
- PECARN approved grant to be submitted to NIH in June 2020:
  - Long-term goal: reduce morbidity associated with pediatric prehospital seizures by improving care while minimizing adverse outcomes
  - Project objective: to measure the impact of standardized EMS midazolam dosing on timeliness of seizure cessation and safety



## What's new with EMS Research in the Pediatric Emergency Care Applied Research Network (PECARN)



- By implementing a standardized EMS seizure protocol with an age-based midazolam dosing regimen in a staggered manner using a hybrid stepped-wedge design in multiple EMS systems across the country
- Central hypothesis is that implementation will decrease the time to seizure cessation without affecting respiratory failure rates
- The goal for this study is to enroll 2,600 children across 20 sites

### Pain management

- Pilot work conducted showed low rates of pain management even after implementation of best-practice protocols.
  - Single site: *Prehospital opioid administration in the emergency care of injured children. Prehospital Emergency Care*; 20(1): 59-65; Jan 2016.
  - Multiple sites: *Multicenter Evaluation of Prehospital Opioid Pain Management in Injured Children. Prehospital Emergency Care* 2016; 20:759-67
- Current pilot taking the question to EMS providers by asking for barriers and enablers of pain management for specific treated patients
  - Enrolled 750 patients at 10 sites stopped early due to COVID-19
    - Publications in progress
  - Goal: develop an intervention that can be tested

### Prehospital Respiratory Management

- Treating Respiratory Emergencies in Children (T-RECS) Feasibility Study
  - Aim 1: To develop and verify a prehospital checklist for the treatment bundle
  - Aim 2: To determine the feasibility of collecting patient outcomes for wheezing children treated in the EMS system
  - Aim 3: To evaluate implementation of the EMS treatment bundle and checklist using the RE-AIM framework
- PECARN approved protocol, working on grant submission for NIH for June.
  - This R34 pilot grant application will be conducted at three with the goal to enroll 330 children

### Partnership with NEMSIS

- Continued partnership between PECARN and NEMSIS to develop access to PECARN-specific records
  - Have DUAs with 8 agencies to provide data through NEMSIS in California, Colorado, Texas, North Carolina, Wisconsin, Arizona, Maryland, and Ohio
    - Working to establish additional DUAs
  - Developed an OLAP cube specifically for PECARN on the NEMSIS website
    - Hosted a training for over 30 investigators in how to use the cube
  - Drafting a manuscript on the unique partnership and the representativeness of the PECARN paper
    - Finalizing a manuscript on the impact of COVID-19 on EMS